

COMBINATION DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled DEVICE AND METHOD FOR INSPECTION OF BAGGAGE AND OTHER OBJECTS the specification of which

is attached hereto.

X was filed on August 10, 1990

as Application Serial No. 07/566,083 and was amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s):

Number	Country	Date Filed	Yes	No
Number	Country	Date Filed	Yes	No
Number	Country	Date Filed	Yes	No

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: John N. Williams, Esq., Reg. No. 18,948; John J. Gagel, Ph.D., Reg. No. 33,499 and Timothy A. French, Esq., Reg. No. 30,175.

Address all telephone calls to John N. Williams, Esq. at telephone number (617) 542-5070.

Address all correspondence to John N. Williams, Esq., Fish & Richardson, Suite 2500, One Financial Center, Boston, MA 02111-2658.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor Kristoph D. Krug

Inventor's Signature Kristoph D. Krug

Date Feb 11, 1991

Residence 19 Barber Road, Framingham, MA 01701

Citizenship U.S.

Post Office Address 19 Barber Road, Framingham, MA 01701

COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED

Full Name of Inventor Jay A. Stein

200 Inventor's Signature

Jay A. Stein

Date

Feb 11, 1991

Residence 15 Carter Drive, Framingham, MA 01701

Citizenship U.S.

MA

Post Office Address 15 Carter Drive, Framingham, MA 01701

Full Name of Inventor Adam L. Taylor

300 Inventor's Signature

Adam L. Taylor

Date

FEB 11, 1991

Residence 87 Gainsborough, #006, Boston, MA 02115

Citizenship U.S.

MA

Post Office Address 87 Gainsborough Street, #006, Boston, MA 02115

Full Name of Inventor _____

Inventor's Signature _____

Date _____

Residence _____

Citizenship _____

Post Office Address _____

COMBINE DECLARATION AND POWER OF ATTORNEY
(Continuation or CIP Application)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled DEVICE AND METHOD FOR INSPECTION OF BAGGAGE AND OTHER OBJECTS the specification of which

X is attached hereto.

_____ was filed on _____ as Application

Serial No. _____ and was amended on _____.

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I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s):

(Number) _____	(Country) _____	(Date/Month/Year Filed) _____	Yes _____	No _____
(Number) _____	(Country) _____	(Date/Month/Year Filed) _____	Yes _____	No _____
(Number) _____	(Country) _____	(Date/Month/Year Filed) _____	Yes _____	No _____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>07/319,994</u> (Application Serial No.)	<u>03/07/89</u> (Filing Date)	<u>Pending</u> (Status) (patented, pending, abandoned)
<u>07/078,419</u> (Application Serial No.)	<u>07/27/87</u> (Filing Date)	<u>Pending</u> (Status) (patented, pending, abandoned)
<u>06/885,098</u> (Application Serial No.)	<u>07/14/86</u> (Filing Date)	<u>Pending</u> (Status) (patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: John N. Williams, Esq., Reg. No. 18,948 and Timothy A. French, Esq., Reg. No. 30,175.

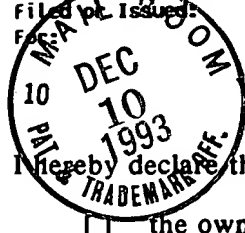
Address all telephone calls to John N. Williams, Esq. at telephone no. (617) 542-5070.

Address all correspondence to Fish & Richardson, One Financial Center, Suite 2500, Boston, MA 02111-2658.

Applicant or Patentee:
Serial or Patent No.:
Filed or Issued:
For: TRADEMARK OFF.

Jay A. Stein, et al.
August 10, 1990
DEVICE AND METHOD FOR INSPECTION OF BAGGAGE AND OTHER OBJECTS

Attorney's
Docket No.:



VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(c)) - SMALL BUSINESS CONCERN

I hereby declare that I am

- ☐ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN: Hologic, Inc.
ADDRESS OF CONCERN: 590 Lincoln Street, Waltham, Massachusetts

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled **DEVICE AND METHOD FOR INSPECTION OF BAGGAGE AND OTHER OBJECTS** by inventor(s) Jay A. Stein and Kristopher Krug described in

- ☒ the specification filed herewith.
☐ application serial no. , filed .
☐ patent no. , issued .

If the rights of the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). **NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)*

FULL NAME: _____

ADDRESS: _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME: _____

ADDRESS: _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent on which this verified statement is directed.

NAME OF PERSON SIGNING: Dr. Jay A. Stein
TITLE OF PERSON OTHER THAN OWNER: Vice President
ADDRESS OF PERSON SIGNING: 15 Carter Drive, Framingham, MA 01701

SIGNATURE: _____ DATE: _____

COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED
(Continuation or CIP Application)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full name of sole or first inventor Jay A. Stein

Inventor's signature _____ Date _____

Residence 15 Carter Drive, Framingham, Massachusetts 01701

Citizenship U.S.

Post Office Address 15 Carter Drive, Framingham, Massachusetts 01701

Full name of second inventor Kristopher Krug

Inventor's signature _____ Date _____

Residence 19 Barber Road, Framingham, Massachusetts 01701

Citizenship U.S.

Post Office Address 19 Barber Road, Framingham, Massachusetts 01701